

EXHIBIT H

Allegheny County Jail

Inmate Medical Survey Report

INTAKE INFORMATION SHEETName: **Orlando , John**Race: **W**

SSN: [REDACTED]

Docket #: [REDACTED]

DOB: [REDACTED]

Gender: **M**

CIPS:

Bed Loc: **-**Ent.Date: **03/26/2016**Ent.Time: **11:44:16 AM****Interview**Interpreter Used Y/N **N**

If yes, Name of the Interpreter

Service

Intake Refuse Y/N **N**Records Received Y/N **N**AKA: **Orlando, John**

Address: [REDACTED]

Phone: [REDACTED]

Client Screening Accepted or Declined: **Accepted**

Why Declined:

Transferring from another facility Y/N **No**

Which Facility?

Insurance Y/N: **No**

Carrier:

Insurance Name:

Policy#:

Emergency ContactName: **Orlando/Lawniczak, Jean**Address: **No Emergency Contact Address on File**

Home Phone: [REDACTED] Work Phone:

Medical Conditions**Medications brought IN by Inmate:**

Medications	Pill Count	Use or Destroy	Comments	Destroy Date
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Allegheny County Jail

Inmate Medical Survey Report

Name: Orlando, John

Doc: [REDACTED]

DOB: [REDACTED]

Date: 03/26/2016

Time: 11:44:16 AM

Gender: M

Inmate Status: COUNTY

Medical History

Allergies:

NKDA

Do you have any of the following Symptoms?

Weight Loss N

Fever N

Coughing Blood N

Persistant cough lasting
for 2 or more weeks N

Night Sweats N

Apetite Loss N

Fatigue N

Last PPD: Tested

Date: 03/26/2016

If "Pos", Treatment?

Last PPD Where? ACJP

Last CXR: Negative

Date:

Results:

HIV: Negative

Date:

If "Pos", Treatment?

Hepatitis A Test Y/N

Y

Hepatitis B Test Y/N

Y

Hepatitis C Test Y/N

N

Hepatitis Test Where:

Hepatitis Test Result: (+) HCV

Hep. A Vaccine Y/N

Y

Hep. B Vaccine Y/N

Y

Hep. C Vaccine Y/N

Not Answered

Hepatitis Vaccine Where:

Hepatitis Vaccine When:

Did you complete the Hep. vaccine Series Y

S.T.D: Negative

Date:

If "Pos", Treatment?

Drug Use: Positive

Drug(s) of Choice:

Last Use:

Past Treatment Location:

Frequency of drug use: 9 day

Average Amount used: 30 bags / day

History of Withdrawal Symptoms or Inpatient Detox

Are you currently Pregnant? N

Pregnancy Results:

Surgical History:

Etoh Use: Positive

Etoh How Much: " a lot " refused to quantify

Last Use:

Have you ever had a Seizure Y/N? N

If yes details:

Psyc Hx: Positive

Previous Suicide Attempt:

Not Answered

Smoker: Yes

How Much?

3 packs / day

How Long?

20 years

Last Tetanus Booster:

Last PAP Test Date:

Screened by: Latham, Teresa

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AC-0891

Allegheny County Jail
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Last Physical Exam Date:

Last Mamogram Date:

Last Menstrual Period Date:

Notified Inmate about the Allegheny County Jail PHYSICAL, MENTAL & SEXUAL abuse Policy Y/N? Y

Have you ever been a victim of Physical abuse? N

If yes details:

Have you ever been a victim of Mental abuse? N

If yes details:

Have you ever been a victim of Sexual abuse? N

If yes details:

Allegheny County Jail

Inmate Medical Survey Report

Name: Orlando, John

Doc: [REDACTED]

DOB: [REDACTED]

Date: 03/26/2016

Time: 11:44:16 AM

Gender: M

Intake Progress Note

Appearance: Male in no acute distress, denies any injury in the past 48 hrs.

Behaviour: hostile

State of Consciousness: alert, oriented x 3

Ease of Movement: full ROM

Breathing: unlabored

Skin: intact, denies infected IV sites

Vital Signs: Temp: 98.7 Pulse: 88 BP: 118/72 Resp: 18
 Ht: 6' Wt: 150 O2sat: 100% Glucose: [REDACTED]

Signs, Symptoms of Dental Problems: No

If "yes" describe:

Signs, symptoms or history of alcohol or drug withdrawal? Yes

If "yes" describe: "I fucking feel like shit."

Signs, symptoms or history of psychiatric condition? Yes

If "yes" describe: Diagnoses of schizophrenia and anxiety d/o reported.

Medication/Treatment Y/N: No

Medication/Treatment Given: PPD DATE: 03/26/2016

Detox Ordered Y/N? Yes

What? Will initiate meds for heroin / ETOH withdrawal / MD order

Follow-Up Referrals:

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other Endocrinology	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>	Coagulation
<input type="checkbox"/>	Infectious Disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	No Seizure Disorder	<input type="checkbox"/>	Other Neuro	<input type="checkbox"/>	OB/GYN	<input type="checkbox"/>	Detox
<input type="checkbox"/>	Immediate Clinic Appointment						

Disposition:

<input type="checkbox"/>	General Housing: Routine medical evaluation	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	General Housing: Expedited medical evaluation	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	Infirmity Housing: Expedited medical evaluation	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	Mental Health Housing: Routine MH evaluation	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	Mental Health Housing: Expedited MH evaluation	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	Referred to appropriate facility on emergency basis	<input type="checkbox"/>	Practitioner Notified
<input type="checkbox"/>	Cleared to Alternate Program		

Seizure lower level / lower bund ordered Y/N

Consent for treatment signed Y/N : Y

Reason:

Access to care reviewed Y/N : Y

Reason:

Grievance Process explained Y/N : Y

Reason:

Screened by: Latham, Teresa

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AC-0893

Allegheny County Jail
Inmate Medical Survey Report

Implement : CIWA N COWS N BWS_C N

Additional Comments: Denies any private medical issue to discuss. MH referral, opioid / ETOH detox ordered and initiated.

Teresa E. Latham, RN

Allegheny County Jail

Inmate Medical Survey Report

Name: **Orlando, John**

Doc: [REDACTED]

DOB: [REDACTED]

Date: **03/26/2016**Time: **11:44:16 AM**Gender: **M**

Address: [REDACTED]

Phone: [REDACTED]

Critical Observations**Inmate Details****Urgent/Emergency Medical Referral Y/N** **N**Severe Injury Y/N **N**Severe Pain **N**

Life threatening illness Y/N

Other Medical Observations

Head trauma with mental status changes Y/N

Uncontrolled bleeding Y/N **N****Urgent/Emergency Mental health Referral** **N**Active Hallucination Y/N **N**

Mental Health Referral other

Actively Suicidal Y/N **N**Active Delusions Y/N **N****Communicable Diseases (Active or Suspended)**MRSA Y/N **N**Lice/Pediculosis Y/N **N**

Communicable Diseases Other

Varicella (chicken pox) Y/N **N**Jaundice Y/N **N**

reports needle marks from IV drug abuse

Herpes Zoster (Shingles) Y/N **N**Needle Marks Y/N **Y****Responsiveness****Unresponsive Description**

Alert

Oriented to Person Y/N **N**Oriented to Place Y/N **N**Oriented to Time Y/N **N****Mobility Restrictions/Impairments Y/N** **N**Deformity Y/N **N**Wheelchair Y/N **N**Blind Y/N **N**Splint Y/N **N**Cast Y/N **N**CPAP Y/N **N**Deaf Y/N **N**Quadriplegic Y/N **N**Paraplegic Y/N **N**Brace Y/N **N**Crutches Y/N **N**Amputation Y/N **N**

Do you have a learning disability or been placed in special education ?

No

If so, explain

What job skills do you have? **CONSTRUCTION**Are you veteran of armed services ? **No**

How do you feel about being in jail ? " I fucking hate it. "

General Comments: **DENIES THE NEED FOR COUNSELING SERVICES**

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Behavioral Health

Do you have any current mental health complaints ? Y

Do you have a history of a mental health problem ? Y

History of outpatient therapy ? Y

Within the last year ? Y

History of psychotropic medication(s) ? Y

History of psychotropic hospitalization ? Y

Within the last year ? N

History of Suicide attempts ? N

If so describe :

Are you thinking of suicide currently ? N

If yes, Do you have a plan? Describe :

Family or friends history of suicide ? N

Recent significant loss (within past six months) ? Y

Do you feel like there is nothing to look forward to (feeling hopeless / helpless) ?

Have you ever hurt yourself on purpose ? N

Are you thinking about hurting yourself now ? N

Are you thinking about hurting others now ? N

Ever Hospitalizes for head trauma ? N

History of Violent Behavior ? Y

History of victimization ? Y

History of Sex Offenses ? N

Comments